

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

UNITED STATES OF AMERICA

v.

ROBERT T. BROCKMAN

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§

Criminal No. 4:21-cr-00009

DEFENDANT’S UNOPPOSED MOTION FOR DISMISSAL OF INDICTMENT

Defendant Robert T. Brockman died on August 5, 2022. A copy of his death certificate is attached as Exhibit A hereto.¹

The government initially informed defense counsel that the government would move for dismissal upon receipt of the death certificate, which was provided to the government on August 23, 2022. The government subsequently asked that defense counsel make this motion, and report to the Court that it is unopposed by the government.

Accordingly, the defense moves this Court for the dismissal of the indictment.

Dated: September 7, 2022

/s/Jason S. Varnado

Jason S. Varnado

Texas Bar No. 24034722

SDTX Ad. ID No. 32166

Email: jvarnado@jonesday.com

Julia N. Camp

Texas Bar No. 24123598

SDTX Ad. ID No. 3688104

Email: juliacamp@jonesday.com

JONES DAY

717 Texas, Suite 3300

Houston, TX 77002

¹ Mr. Brockman’s death certificate attached hereto as Exhibit A has been redacted in compliance with Federal Rule of Criminal Procedure 49.1.

Telephone: 832-239-3939
Facsimile: 832-239-3600

Kathryn Keneally (Admitted Pro Hac Vice)
New York Bar No. 1866250
Email: kkeneally@jonesday.com
James P. Loonam (Admitted Pro Hac Vice)
New York Bar No. 4035275
Email: jloonam@jonesday.com
Sarah D. Efronson (Admitted Pro Hac Vice)
New York Bar No. 5217484
Email: sefronson@jonesday.com
Colleen E. O'Connor (Admitted Pro Hac Vice)
New York Bar No. 5764725
Email: colleenconnor@jonesday.com
JONES DAY
250 Vesey Street
New York, NY 10281-1047
Telephone: 212-326-3939
Facsimile: 212-755-7306

Irina K. Bleustein (Admitted Pro Hac Vice)
District of Columbia Bar No. 1044772
Email: ibleustein@jonesday.com
Conor G. Maloney (Admitted Pro Hac Vice)
District of Columbia Bar No. 1632584
Email: cmaloney@jonesday.com
Patrick J. Manion (Admitted Pro Hac Vice)
District of Columbia Bar No. 1615138
Email: pmanion@jonesday.com
Michael R. Tompkins (Admitted Pro Hac Vice)
District of Columbia Bar No. 1720349
Email: mtompkins@jonesday.com
JONES DAY
51 Louisiana Avenue, N.W.
Washington, D.C. 20001-2113
Telephone: 202-879-3450
Facsimile: 202-626-1700

Attorneys for Defendant
Robert T. Brockman

CERTIFICATE OF SERVICE

I certify that on this 7th day of September, 2022, I electronically served this document on all counsel of record.

/s/ Jason S. Varnado

Jason S. Varnado

EXHIBIT A

CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Aug 17 2022

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER 142-22-149043

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) ROBERT THERON BROCKMAN		2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy) AUGUST 5, 2022	
3. SEX MALE	4. DATE OF BIRTH (mm-dd-yyyy) [REDACTED]	5. AGE-Last Birthday (Years) 31	6. UNDER 1 YR Mo Days [REDACTED]
7. SOCIAL SECURITY NUMBER [REDACTED]		8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed (and not remarried) <input type="checkbox"/> Divorced (and not remarried) <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage) DOROTHY HAMMERS		10. CITY OR TOWN HOUSTON	
10a. RESIDENCE STREET ADDRESS [REDACTED]		10b. APT. NO. [REDACTED]	10c. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10d. COUNTY HARRIS	10e. STATE TEXAS	10f. ZIP CODE 77027-4124	
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE ALFRED EUGENE BROCKMAN		12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE PEARL BROWN	
13. PLACE OF DEATH (CHECK ONLY ONE) <input type="checkbox"/> If death occurred in a hospital <input type="checkbox"/> If death occurred somewhere other than a hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH HARRIS		15. CITY/TOWN, ZIP (If outside city limits, give precinct no.) HOUSTON, 77027-4124	
16. FACILITY NAME (If not institution, give street address) [REDACTED]			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED DOROTHY BROCKMAN - SPOUSE		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) [REDACTED]	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Mausoleum <input type="checkbox"/> Other (Specify)		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MICHAEL J. LOMBARD BY ELECTRONIC SIGNATURE - 112970	
21. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) GULF COAST CREMATORY		22. LOCATION (City/Town, and State) HOUSTON, TX	
23. NAME OF FUNERAL FACILITY GEO. H. LEWIS & SONS		24. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 1010 BERING DRIVE, HOUSTON, TX 77057	
25. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner of the Peace-On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
26. SIGNATURE OF CERTIFIER ELIZABETH STRAUCH, BY ELECTRONIC SIGNATURE		27. DATE CERTIFIED (mm-dd-yyyy) AUGUST 9, 2022	28. LICENSE NUMBER H5807
29. PRINTED NAME ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) ELIZABETH STRAUCH 1905 HOLCOMBE, HOUSTON, TX 77030		30. TIME OF DEATH (Actual or presumed) 11:47 PM	
31. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.		32. TITLE OF CERTIFIER MD	
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ENDSTAGE DEMENTIA AND PARKINSON'S DISEASE Due to (or as a consequence of):		Approximate interval Onset to death UNKNOWN	
b. [REDACTED] Due to (or as a consequence of):			
c. [REDACTED] Due to (or as a consequence of):			
d. [REDACTED] Due to (or as a consequence of):			
33. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.		34. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
35. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		36. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Previously <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		38. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
39a. DATE OF INJURY (mm-dd-yyyy) [REDACTED]	39b. TIME OF INJURY [REDACTED]	39c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	39d. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area) [REDACTED]
40. LOCATION (Street and Number, City, State, Zip Code) [REDACTED]			
41. DESCRIBE HOW INJURY OCCURRED: [REDACTED]			
42a. REGISTRAR FILE NO. 02016811	42b. DATE RECEIVED BY LOCAL REGISTRAR AUGUST 17, 2022	42c. REGISTRAR REGISTRAR - CITY OF HOUSTON, ELECTRONICALLY FILED	

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalties for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$15,000. Health and Safety Code, Sec. 191.158.

VS-112 REV 1/2006

0600672432

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED

08/17/2022

LB

S. Kellen Sweney
Local Registrar

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE